

76

ANNUAL

MEDICAL REPORT

OF THE

KENT LUNATIC ASYLUM,

AT BARMING HEATH, MAIDSTONE,

For the Year 1855-6, ending July 4th.

PRESENTED TO THE COMMITTEE OF VISITORS,

September 12th, 1856,


AND TO THE COURT OF GENERAL SESSIONS,

October, 1856.

MAIDSTONE :

PRINTED BY WALTER MONCKTON, 11, KING STREET.

1856.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30308276>

CONTENTS.

STATISTICAL TABLES :—

	PAGE.
1.—General enumeration	5
2.—Admissions of all years	6
3.—General statement	7
ADMISSIONS OF THE YEAR 1855-6 :—	
4.—Whence the Patients Admitted	8
5.—Their Ages	8
6.—Their Civil Condition	9
7.—Their Occupations	10
8.—Particulars of their Mental Disorder	11
9.—Duration of Disorder on Admission	12
10.—Causes of Disorder	13-14
RECOVERIES OF THE YEAR :—	
11.—Particulars of Disorder ending in Recovery	15
12.—Time of Treatment in ditto.....	16
DEATHS OF THE YEAR :—	
13.—Number and Age of Patients Dying	17
14.—Forms of Disorder and length of confinement	18
15.—Causes of Death	19
16.—Proportionate Results of Admissions and Treatment	20
17.—Return of Lunacy in the County	21
Remarks on the Tables	23
List of Accidents and Occurrences of the Year	27
General Health, Medical Treatment, &c.....	28
Estimate of Recoveries on Curable Cases	30
Restraint	31
Deficiency of Water, New Supply	34
Fulness of the Asylum.....	35

STATISTICAL TABLES.

TABLE [I.]

OF ALL THE

ADMISSIONS, DEATHS, AND DISCHARGES.

—	Admitted.			Died.			Recovered.			Relieved.			Not Improved.			Total Discharged.			Remaining.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
From the opening or 1st Jan., 1833, to 4th July, 1855.	1201	1166	2367	455	332	787	383	340	723	36	75	111	80	103	183	954	850	1804	247	316	563
During the last year, ending July 4, 1856,	108	84	192	40	21	61	38	33	71	8	9	17	4	3	7	90	66	156	265	334	599
Total	1309	1250	2559	495	353	848	421	373	794	44	84	128	84	106	190	1044	916	1960	—	—	—

TABLE II.

Admissions of all Years and present remainders.

Years.		All Annual Admissions.	Ju'y 1856 Remainders of All Annual Admissions and their relative Proportions.	Discharges. Quotas of all Annual Admissions to Discharges of the last Year.					Aggregate remainder (1856) from Admissions down to any year.
				Re. overed.	Relieved.	Not Improved.	Dead.	Total.	
1	1833	126	21 after 23 years	.....	.....	.....	.....	.....	21
2	1834	68	10 „ 22 „	.....	.....	.....	.....	.....	31
3	1835	60	5 „ 21 „	.....	.....	.....	1	1	36
4	1836	56	4 „ 20 „	.....	.....	.....	.....	.....	40
5	1837	43	3 „ 19 „	.....	.....	.....	1	1	43
6	1838	44	8 „ 18 „	.....	.....	.....	.....	.....	51
7	1839	54	6 „ 17 „	.....	.....	.....	.....	.....	57
8	1840	38	5 „ 16 „	.....	.....	.....	.....	.....	62
9	1841	41	6 „ 15 „	.....	1	.....	1	2	68
10	1842	69	9 „ 14 „	.....	.....	.....	.....	.....	77
11	1843	86	12 „ 13 „	.....	.....	.....	2	2	89
12	1844	79	7 „ 12 „	.....	.....	.....	2	2	96
13	1845	113	22 „ 11 „	.....	.....	1	.....	1	118
14 (half)	1846	41	9 „ 10 „	.....	.....	.....	.....	.....	127
14-15	1847	108	16 „ 9½ „	.....	.....	.....	1	1	143
15-16	1848	96	12 „ 9 „	.....	.....	.....	1	1	155
16-17	1849	114	24 „ 8 „	.....	.....	.....	1	1	179
17-18	1850	116	24 „ 7 „	1	.....	.....	1	2	203
18-19	1851	286	35 „ 6 „	.....	1	1	3	5	238
19-20	1852	201	59 „ 5 „	.....	1	.....	4	5	297
20-21	1853	171	54 „ 4 „	2	2	.....	4	8	351
21-22	1854	168	48 „ 3 „	4	4	1	7	16	399
22-23	1855	189	72 „ 2 „	24	6	.....	14	44	471
23-24	1856	192	128 „ 1 „	40	2	4	18	64	599
TOTAL		2559	599	71	17	7	61	156	

TABLE III.

General Statement, comparative as to the last two years.

	July, 1856.			July, 1855.		
	M.	F.	T.	M.	F.	T.
Remaining from the last year	"	"	247 316 563	250 310 560		
Admitted since, Pauper.....	104	84	108 84 192	97 92 189		
„ Private	4	0				
Total under treatment	"	"	355 400 755	347 402 749		
Deduct discharges and deaths	"	"	90 66 156	100 86 186		
Remaining July 4	"	"	265 334 599	247 316 563		
The number remaining consisted of						
Patients of contributing parishes.....	208	267	216 278 494	207 268 475		
Ditto chargeable to the county	8	11				
Ditto of boroughs in the county	"	"	35 50 85	28 43 71		
Ditto of other counties	"	"	4 4 8	4 1 5		
Ditto private ..	"	"	10 2 12	8 4 12		
Total.....			265 334 599	247 316 563		
Average number daily resident	"	"	" " 577	" " 567		
Highest number on any day.....	"	"	265 334 599	257 327 584		
Lowest number on any day	"	"	246 313 559	244 307 551		
Employed, fully or partly, from a day's work of six hours to any trifling useful assistance :—						
Highest number on any day.....	"	"	190 202 392	176 226 402		
Lowest number on any day	"	"	174 187 361	175 179 354		
Patients were discharged as under :						
Recovered.....	35	32	38 33 71	37 33 70		
Ditto after absence on trial	3	1				
Relieved	"	"	8 9 17	7 18 25		
Not improved.....	"	"	4 3 7	6 1 7		
Dead	"	"	40 21 61	50 34 84		
Total.....			90 66 156	100 86 186		
The Admissions comprised :—						
Cases supposed to be of the first attack	"	"	71 48 119	68 58 126		
Ditto, repeated attack	"	"	37 36 73	29 34 63		
Total Admissions			108 84 192	97 92 189		
Cases of re-admission into this Asylum	"	"	19 20 39	14 16 30		

ADMISSIONS, 1855-6.

Males, 108.

Females, 84.

Total, 192.

TABLE IV.

The Admissions comprised :—	1855-6.			1854-5.		
	M.	F.	Tot.	M.	F.	Tot.
Patients from contributing parishes.....	82	62	144	72	73	145
„ chargeable to the County account	3	1	4	3	0	3
„ from the Boroughs in Kent.....	19	21	40	17	19	36
„ private	4	0	4	5	0	5
Total.....	108	84	192	97	92	189
Of these there were sent from Gaols	3	1	4	5	2	7

TABLE V.

Ages of the Patients admitted.

Decennial Periods of age.	1855-6.			1854-5.		
	M.	F.	Total	M.	F.	Total
From 8 to 20 years of age	4	8	12	10	4	14
„ 20 to 30 „	19	18	37	18	25	43
„ 30 to 40 „	35	12	47	27	20	47
„ 40 to 50 „	21	21	42	23	16	39
„ 50 to 60 „	12	15	27	16	11	27
„ 60 to 70 „	10	7	17	2	13	15
„ 71 to 72, 74, 75, 76, 78, 79	7	3	10	1	3	4
Total.....	108	84	— 2	97	92	189

TABLE VI.

Civil condition of the Patients admitted.

MARRIAGE.	Number Admitted,			Having Children.			Number of Children.			EDUCATION.								RELIGION.							
										From read and write to well educated.		Read only.		Neither write nor read.		Not ascertained.		Established Church.		Roman Catholic.		Dissenters.		Not ascertained.	
	M.	F.	Tot.	No.	No.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Married	46	31	77	56	224	36	17	3	9	4	4	3	1	40	22	0	4	4	5	2	0				
Widowed	11	17	28	19	81	6	9	3	4	1	1	1	3	10	15	0	0	1	2	0	0				
Single (men)	50	...	50	...	...	32	...	8	...	8	...	2	...	41	...	1	...	2	...	6	...		
" (women) .....	...	35	35	5	10	...	21	..	3	...	11	...	...	...	26	...	5	...	4	...	...		
Not ascertained	1	1	2	...	...	1	...	...	...	...	...	...	1	...	...	...	...	..	...	1	1
Total	108	84	192	80	315	75	47	14	16	13	16	6	5	91	63	1	9	$\frac{1}{7}$	11	9	1				

TABLE VII.

Occupations of the Patients Admitted.

MEN.	WOMEN.
Labourers	Domestic Servants
Carpenter, Chemists (2)	Wives and Widows of Labourers
Furniture Brokers (2), Miller's and Brewer's Clerks (2) ..	Wives and Widows of Mechanics
Mariners, (4). Pilot, Waterman, Fisherman	Wives of Marine and Rigger
Engineer, Blacksmith, Ironfounder	Charwomen (2), Nurses (2)
Grooms (2), Jockey, Waiter	Laundress, Washerwoman
Baker, Beer-seller, Costermonger	Dress-makers (7), Needlewomen (5)
Letter-carrier, Porters (2)	Milliner
Shoe-makers (2) Tailors (2) Cab and Carmen (2)	Shoe-binder, Factory-women (2)
Gardener (1) Farmers (2) Dairymen (2)	Gardener's and Pensioners' wives
Watchmaker, Grocer, Grocers' Assistants (2) ditto Clerk	Out-door Workers (2), Hawkers (2)
Independent, Missionary, Hotel Keeper's son	Governess, School-mistress
Painters (4) Comb-maker	Shop-keepers' Wives and Widows
Cabinet-maker, Wafer-maker, Hatter	Bar-maid, Pauper
Police Constable, Marine, Pensioners (2) Servant	Lodging-house Keeper, House-keeper
No occupation, being incapable	No occupation, being incapable
Not ascertained	Not ascertained
Total	Total
108	84

TABLE VIII.

Forms of Mental Disorder in the Persons Admitted, with the prevalence of the Suicidal propensity and the Complications, respectively.

Forms of Mental Disorder.	Number of Cases.			Prevalence of the Suicidal Propensity.				Complications of the Mental Disorder.						Instances of Former Attack.	
	M.	F.	Total	Suicide Attempted.		Threatened or talked of.		Propensity suspected.		General Paralysis.		Partial Paralysis.		Epilepsy.	
Acute Mania	38	37	75	3	7	3	2	1	2	...	...	...	...	1	...
Chronic Mania	5	14	19	...	...	...	1	...	...	...	...	...	...	...	...
Occasional do. with or without Dementia	5	4	9	...	1	2	...	...	...	...	...	...	...	5	...
Melancholia ...	24	18	42	8	4	4	5	2	2	...	...	...	...	2	...
Dementia	22	6	28	3	1	1	...	...	...	7	1	8	5	7	...
Mania with Imbecility (of old age, or, other) or with Idiocy	14	5	19	...	...	...	1	1	...	...	...	2	1	3	...
Total	108	84	192	14	13	10	9	4	4	7	1	10	6	18	4
														37	36

TABLE IX.

Duration of Insanity in the Cases admitted, in the different forms respectively.

Forms of Disorder.	Duration of Insanity on Admission.																		Instances of Former Admission.	
	Number of Cases.			Under 1 Month,		1 Month to 3 Months.		3 Months to 6 Months.		6 Months to 1 Year.		1 Year to 2 Years.		2 Years to 18 Years.		Not ascertained.				
M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Acute Mania	38	37	75	18	20	8	11	4	3	...	1	2	1	...	6	1	12	10		
Chronic Mania	5	14	19	1	...	...	...	0	2	...	2	...	3	5	...	2	1	...
Occasional Mania, with or without Dementia	5	4	9	1	2	...	1	...	...	2	...	1	1	...	1	...	...	1
Melancholia.....	24	18	42	7	6	6	7	4	...	1	2	2	1	2	2	...	3	8		
Dementia	22	6	28	6	...	3	1	4	...	2	2	2	1	3	2	...	2	1		
Mania with Imbecility, (of old age, or, other) or Idiocy	14	5	19	3	1	1	...	1	2	1	...	...	1	3	1	...	1	...
Total	108	84	192	36	29	18	20	13	7	6	7	7	8	12	16	3	19	20		

TABLE X. (A).—Causes, in the Cases Admitted in the Year

Immediate or Exciting Causes.	Number of Cases.			Remote, or Predisposing Causes, acting in combination.													
	One relative Insane or subject to fits or paralytic.		Tot.	More than one Relative Insane, or Eccentric.		One former attack,		More than one former attack,		Loss of work, loss of money, destitution, late habits.		Former Intemperance		Previous mental weakness, Over exertion at School. Injury to head		Constitutional weakness, the puerperal state,	
	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Intemperance ..	10	3	13	1	..	5	..	3	1	3	2	..	..	..	..	..	..
Domestic trouble, ditto and want	1	1	2	1	1	..	1	1	1	4	..	..	..	..	..	..	..
Fright, Shock	3	2	5	2	..	..	1	..	..	..	..	..	..	1	..	..	1
Want of necessities, desertion ..	3	2	5	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Pecuniary difficulties	2	0	2	..	..	..	..	2	..	..	..	..	..	..	..	..	..
Blow, or fall on head	4	0	4	3	..	..	..	1	..	..	..	..	..	..	..	..	..
Loss of son, ditto brother	1	1	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Loss of situation	1	1	2	..	1	..	..	1	..	..	..	..	..	..	..	..	..
Disappointment	0	4	4	..	1	..	..	..	1	..	2	..	..	..	..	..	..
Removal of Tumour from head	1	0	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Amenorrhoea, parturition, } change of life	0	5	5	..	3	..	..	..	1	..	1	..	..	..	..	..	1
Paralysis, Epilepsy	5	5	10	2	2	..	1	..	2	..	..	1	..	2	1	..	..
Fever, Erysipelas	1	1	2	..	..	1	..	..	..	..	..	..	1	..	..	..	..
Congestion of brain ..	1	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Solitary imprisonment	1	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Old age	1	1	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Total	35	31	66	14	12	8	3	9	6	7	10	2	1	4	2	0	2

TABLE X. *continued.*

(C.)				(B.)			
<i>Predisposing Causes only, ascertained</i>				<i>Exciting Causes only, ascertained.</i>			
	M.	F.	T.		M.	F.	T.
One relative insane	4	4	8	Pregnancy, parturition, lacta-			
Ditto, and fever	1	0	1	tion, &c.	0	5	5
Ditto, and one former attack	3	1	4	Over-exertion and study....	6	1	7
Ditto, and ill health	1	0	1	Difficulty in circumstances,			
More than one relative insane	3	1	4	Destitution, Domestic trou-			
Loss of wife and misconduct				ble	3	4	7
of family	1	0	1	Death of father	1	0	1
Idiocy, previous eccentricity	4	0	4	Disappointment	0	2	2
One former attack	8	5	13	Intemperance	4	1	5
Ditto, and relatives insane...	0	1	1	Epilepsy, Paralysis.....	5	1	6
Ditto, and Idiocy	0	1	1	Injury to head	3	0	3
More than one former attack	5	6	11	Cerebral disease	1	0	1
Ditto, and one relative insane	2	4	6	Old age, ditto and a fit	2	1	3
Ditto, and more than one re-							
lative insane	1	0	1				
Ditto, and old injury from fall	1	0	1				
Paralysis	1	0	1				
Intemperate habits	2	0	2				
Ill health.....	0	1	1				
Insanity and death of wife...	1	0	1				
Destitution	0	1	1				
Want of Employment.....	0	1	1				
Total	38	26	64	Total.....	25	15	40

Summary of ascertained causes of all kinds.

	M.	F.	T.
Exciting and predisposing combined [A]	35	31	66
Exciting causes only, ascertained [B]	25	15	40
Predisposing causes only, ascertained [C]	38	26	64
Total ascertained causes.....	98	72	170
No cause whatever assigned in	10	12	22
Total admissions	108	84	192

RECOVERIES.

Number who Recovered:—Men, 38; Women, 33; Total, 71.

TABLE XI.

Forms of Insanity and Duration on Admission, distinguishing the Recoveries in Admissions of the Year.

Forms of Insanity.	Recoveries of Admissions of the Year.			Recoveries of previous Admissions.			Total Recoveries.			Duration on Admission											
	M.	F.	Total	M.	F.	Total	M.	F.	Total	Under 1 Month.		1 Month to 3 Month		3 Months to 6 Months.		6 Months to 1 Year.		1 Year to 1½ years.		Not Known.	
										M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania	12	8	20	10	9	19	22	17	39	13	13	2	3	5	1	...	...	1	...	1	...
Ditto (puerperal)	...	1	1	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...
Ditto (a potu) . . .	5	1	6	1	0	1	6	1	7	4	...	...	1	1	...	...	...	...	1	...	...
Chronic Mania . . .	...	...	...	1	3	4	1	3	4	...	...	...	...	...	...	...	1	...	...	...	...
Melancholia	5	7	12	3	2	5	8	9	17	1	4	4	4	2	...	1	1	...	...	...	...
Mania with im- becility of old age, or other }	1	1	2	...	1	1	1	2	3	...	1	...	...	...	1	...	...	...	1	...	...
Total	23	18	41	15	15	30	38	33	71	18	19	6	9	8	2	1	2	1	1	4	0

T A B L E X I I .
Forms of Insanity and Periods of Residence, in the Recoveries.

Forms of Insanity.	Recoveries of Admissions of the Year.			Recoveries of previous Admissions.			Total Recoveries.			Periods of Residence.									
										Under 3 months.		3 Months to 6 months.		6 Months to 9 months.		9 Months to 1 Year.		1 Year to 2, 3, and 6 Years.	
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania	12	8	20	10	9	19	22	17	39	3	3	11	5	4	6	1	1	3	2
Ditto (puerperal) .....	...	1	1	...	...	...	...	1	1	1	1	...	...	...	...	...	...	...	...
Ditto (a potu)	5	1	6	1	...	1	6	1	7	3	...	1	1	2	...	...	...	...	...
Chronic Mania .....	...	...	...	1	3	4	1	3	4	...	...	...	...	...	...	...	1	1	2
Melancholia	5	7	12	3	2	5	8	9	17	3	3	2	1	1	3	1	1	1	1
Mania with Imbecility (of old age or other) .. }	1	1	2	...	1	1	1	2	3	...	...	1	1	...	1	...	...	...	...
Total	23	18	41	15	15	30	38	33	71	9	7	15	8	7	10	2	3	5	5

DEATHS.

Number who died:—Men, 40; Women, 21; Total, 61.

TABLE XIII.

Ages at Death, distinguishing the deaths of persons admitted in the Year.

Decennial Periods of Age.	Deaths of Admissions of the Year.			Deaths of previous Admissions.			Total Deaths.		
	M.	F.	Total	M.	F.	Total.	M.	F.	Total.
From 20 to 30 years of age.....	...	...	...	5	5	10	5	5	10
” 30 to 40 ”	2	2	4	6	5	11	8	7	15
” 40 to 50 ”	2	2	4	4	2	6	6	4	10
” 50 to 60 ”	3	...	3	7	3	10	10	3	13
” 60 to 70 ”	2	...	2	4	2	6	6	2	8
” 70 to 80 ”	5	...	5	...	...	...	5	...	5
Total.....	14	4	18	26	17	43	40	21	61

TABLE XIV.

Forms of Insanity and Periods of Residence of those who Died.

Forms of Insanity.	Number who died.			Periods of Residence of those who died.													
				3, 4, 6 Days to 1 Month.		1 Month to 3 months.		3 Months to 6 months.		6 Months to 1 Year.		1 Year to 2 Years.		2 Years to 5 Years.		5 Years to 10 Years.		11, 12, 13, 14, 17, and 20 Years.
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania	3	2	5	...	...	2	1	...	1	...	...	...	...	1	...	...	...
Chronic Mania	2	6	8	...	...	...	...	1	...	...	...	...	2	...	...	...	1
Occasional ditto, with or without Dementia, or Imbecility	6	2	8	...	...	...	...	...	1	...	1	...	1	...	3	1	...
Melancholia	7	...	7	...	...	3	...	...	...	1	...	...	...	1	...	1	...
Dementia.	15	7	22	1	...	3	3	1	...	4	...	1	...	3	...	1	4
Mania, with Imbecility of old age, or other	5	3	8	3	...	1	1	1	...	...	1	...	...	...	...	...	...
Imbecility and Idiocy	2	1	3	...	...	...	...	...	...	...	1	...	1	...	1	...	...
Total	40	21	61	4	...	9	5	3	6	1	3	9	3	4	3	2	5

TABLE XV.—Causes of the Deaths.

Immediate Causes.	Number of Deaths.			Remote Causes, acting in Combination.															
	M.	F.	Total	Phtthisis, Acute Rheumatism, Ovarian disease.		Acute Mania. Melancholia.		Epilepsy.		Apoplexy. Meningeal disease.		Constitutional Decay. Great Age.		Organic disease of the Brain, Heart, Liver, Bladder.		Inflammation of Parotid Gland. Erysipelas, Pneumonia, Hemorrhage.			
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Apoplexy.....	1	0	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..
General Paralysis	5	1	6	1	..	..	..	..	..	..	..	..	..	..	..	1	..
Partial ditto	5	3	8	..	..	..	..	2	..	1	1	..	..	..	..	..	..
Exhaustion	6	2	8	..	..	4	..	1	..	..	..	..	..	..	..	..	..
Pulmonary Consumption....	4	12	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ditto and Gangrene	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia and Pleuro- pneumonia.....	3	..	3	..	..	1	..	..	1	..	..	..	..	2	..	..	1
Pericarditis	1	..	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Disease of the Heart.....	5	..	5	..	..	..	..	1	..	..	..	..	..	2	..	..	..
Œdema of Glottis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Scirrhus of Bladder	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis	2	..	2	..	..	..	..	2	1	..	1	..	..	..	..	..	..
Suffocation	2	1	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Jaundice	1	..	1	..	1	..	..	1	..	..	..	..	..	..	1	..	..
General Dropsy.....	..	2	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Scrofulous abscess of knee- joint	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Phlegmonous abscesses.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Total	40	21	61	2	1	5	1	7	1	3	1	2	2	5	1	4	1		

TABLE XVI.

Per-centages of the Year, and comparison.

	1855-6 Per Cent.	1854-5 Per Cent.	1853-4 Per Cent.
Per Centage of Admissions, on the number remaining at the end of the last year	34.10	33.75	30.82
“ Re-admissions, on the Admissions	20.31	15.87	10.72
“ Cases of repeated attack, on the Admissions	38.02	33.33	25.00
“ Discharges and Deaths, on the Admissions	81.25	98.41	91.07
“ Excess of Admissions (1855-6, 36) on Discharges of the Year	23.07	1.59	8.93
“ Recoveries on the Admissions	36.92	37.03	39.10
“ Ditto on the mean number daily resident	12.30	12.34	12.42
“ Ditto on the whole number under treatment	9.40	9.34	9.25
“ Deaths on the Admissions	31.77	44.44	35.10
“ Ditto on the mean number daily resident	10.57	14.81	11.10
“ Ditto on the whole number under treatment	8.07	11.21	8.27

COUNTY OF KENT.

TABLE XVII.—Abstract of the Annual Returns (16 and 17 Vict., Cap. 97, Sec. 64) of Lunatics on January 1st, 1856.

NUMBERS RETURNED.								WHERE MAINTAINED.																			
UNIONS.	Total of each Union.			Chargeable.				In County Asylum.				In Licensed Houses, or other County Asylums.				In Union Houses.				In Lodgings.				With their Friends.			
				To the contributing Parishes.		To the local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.	
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford, East.....	5	6	11	5	6	...	...	5	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ditto, West.....	5	9	14	5	9	...	...	4	6	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...
Aylesford, North*....	16	9	25	12	7	4	2	12	7	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blean	6	9	15	5	6	1	3	2	4	1	2	...	...	...	...	1	1	...	...	...	1	...	...	2	...	...	1
Bridge	3	9	12	3	9	...	...	2	6	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2	...	...	...
Bromley	11	8	19	11	8	...	...	6	6	...	...	...	...	...	...	4	2	...	...	...	...	...	1	...	...	...	...
Cranbrook	17	21	38	17	21	...	...	7	13	...	...	...	...	...	...	10	5	...	...	...	1	...	...	2	...	...	...
Dartford	15	29	44	15	29	...	...	11	27	...	...	...	...	...	...	4	2	...	...	...	...	...	...	...	...	...	...
Dover	14	20	34	6	6	8	14	2	5	4	6	...	...	2	8	4	1	2	...	...	...	...	...	...	...	...	...
Eastry	17	26	43	12	12	5	14	3	3	1	...	1	...	2	5	7	4	1	5	...	...	...	...	1	5	1	4
Elham	9	14	23	4	9	5	5	2	4	2	1	...	...	1	3	1	4	2	1	...	...	...	...	1	1	...	...
Faversham	11	16	27	11	16	...	...	4	3	...	...	1	7	...	...	3	4	...	...	...	...	...	3	2	...	...	...
Gravesend	10	15	25	10	15	...	...	3	12	...	...	3	1	...	...	4	2	...	...	...	...	...	...	...	...	...	...
Greenwich	69	110	179	69	110	...	...	39	70	...	...	...	...	...	...	26	33	...	...	...	...	...	4	7	...	...	...
Hollingbourn.....	13	18	31	13	18	...	...	9	10	...	...	...	...	...	...	1	6	...	...	...	...	...	3	2	...	...	...
Hoo	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...
Lewisham	16	15	31	16	15	...	...	11	13	...	...	...	...	...	...	5	2	...	...	...	...	...	...	...	...	...	...
Maidstone	30	33	63	9	10	21	23	5	4	14	15	...	...	1	1	3	5	6	7	...	...	...	...	1	1	...	...
Malling	15	11	26	15	11	...	...	13	9	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2	...	...	...
Medway	26	38	64	18	25	8	13	6	10	2	10	...	...	1	...	12	15	3	3	...	...	...	...	...	...	2	...
Milton	6	8	14	6	8	...	...	6	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	5	...	...	...
Romney Marsh.....	2	5	7	...	1	2	4	...	1	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	1	2	...
Sevenoaks	18	30	48	18	30	...	...	10	18	...	...	...	...	...	...	1	1	...	...	...	1	...	...	7	10	...	...
Sheppey	12	6	18	11	5	1	1	4	4	...	...	1	...	...	...	5	1	1	1	...	...	...	...	1	...	...	...
Tenterden	9	13	22	9	8	...	5	5	2	...	1	...	1	...	1	...	3	...	1	...	...	...	4	2	...	2	...
Thanet ‡	21	13	34	7	2	14	11	4	1	2	...	1	1	9	7	2	...	3	3	...	...	...	...	...	...	1	...
Tunbridge	18	19	37	18	19	...	...	12	11	...	...	...	...	...	...	3	8	...	...	...	...	...	3	...	...	...	...
Total.....	396	510	906	327	415	69	95	187	257	30	38	7	10	16	25	100	102	18	22	...	4	1	...	33	42	4	10
On January 1, 1855...	386	502	888	318	387	68	115	189	245	28	51	2	12	15	25	93	80	20	29	...	5	1	...	34	45	4	10
Increase.....	10	8	18	9	28	1	...	...	12	2	...	5	...	1	...	7	22	...	...	...	...	...	...	...	...	...	...
Decrease .....	...	...	...	...	...	...	20	2	...	...	13	...	2	...	...	...	...	2	7	...	1	...	...	1	3	...	...
Net increase	18							Decrease 1.				Increase 4.				Increase 20.				Decrease 1.				Decrease 4.			

* Return mislaid; the numbers are those for 1855.

‡ No return for 1855, or, 1856; the numbers are those for 1854.

REMARKS ON THE TABLES.

The preceding Tables, according to the form now for some years adopted, are presented in discharge of the numerical part of the duty of making an Annual Report.

Speaking for themselves, they really require no comment; but if any facts of interest are embraced by them, it may not be amiss to direct special attention thereto.

The admissions have been steady but tending to increase. The various Boroughs in the County, now using the Asylum, have had their patients received in a somewhat increased number; but private patients have been done with, so far as the further admission of them, and all patients from other counties have been declined.

Whilst the number of admissions from parishes to which the Asylum belongs have been fully maintained, the discharges and deaths have materially diminished; whereby the end of the year lately concluded, found the Asylum population augmented by 36 patients.

In the course of the year, the standing number rose from 563 to 599. The entire number of cases disposed of in the various ways was 30 less than in the preceding year, the falling off in deaths alone accounting for 23 of that diminution. The recoveries were more numerous by 1, those discharged, not improved, were the same, and 8 fewer were discharged as relieved.

Agreeably with former experience, the movement towards termination and discharge of cases, in whatever way, has been mainly confined to the admissions of late years. Amongst patients received within two years, the movement was active, rather more than two-thirds of all discharges coming from them. Patients admitted in the next four years earlier, that is, within the last six years, contributed little more than one-fifth,

whilst the admissions of the remaining seventeen and a half, still earlier years of the existence of the Asylum, furnished barely one-eleventh part of the discharges, notwithstanding such older inmates numbered above a third of the whole. Sixty-four out of seventy-one recoveries took place in patients resident under two years; and amongst patients of more than four years' residence there occurred but one recovery. The deaths, instead of following an opposite rule, as might be expected in the mere course of time, keep some measure with the recoveries. Thus, there were eleven deaths of patients of above six years' standing, to fifty of patients below that period. The year whose admissions contributed two recoveries gave four deaths; that from which there were twenty-four recoveries, fourteen deaths; and that from which forty recoveries, eighteen deaths, the increase under both heads being, although not "*pari passu*," still signally progressive.

A marked increase will be observed both in the instances of repeated attack and of re-admission into the Asylum. This was to be expected. It is not the modern practice to detain patients in Asylums because, having been once insane, they lie under a great risk of becoming so again; but when the current attack may be fairly said to have come to an end, and a due period of observation has been superadded to the confinement already borne, as security against premature relapse, the patient is discharged as cured. This practice should lead us to look for more re-admissions, but not (or, apparently only) for more repetitions of the attack. I do not know that it has, as yet, been shown that insanity once suffered is more prone to reappear than certain other diseases not affecting the mind, but of a constitutional, or, hereditary character.

In the sexes of the patients admitted there was a wider inequality than usual. We received rather over five males to four females. Nevertheless, from the customary more speedy conclusion of the malady in men than in women, the latter sex, at the end of the year, still held a preponderance of 33 to 26.

In death particularly, this disparity is most strikingly seen, two men dying to one woman.

The average daily population was greater by 10, whilst the range between highest and lowest numbers was 40, against 33 in the previous year.

In point of age, there has been an unfortunate variation, no less than 10 persons of between 70 and 80 years having been admitted.

I think greater care might be exercised by parish authorities in estimating the real necessity which may exist for sending to an Asylum persons merely displaying the signs of decay and derangement of mind in the close of life. A just discrimination would seem proper between the violent and troublesome conduct with dirty habits of such, and those of younger persons in whom such symptoms are truly characteristic of disease demanding special treatment for the common safety and its own cure. In the 14th Table, I find that eight persons in the second childhood died within a month of their admission, some of them in 3, 4, or 6 days; whilst probably a little more patience in the Workhouse, or, at home, guided by a perception of the real nature and prospect of the cases, would have shown the removal to be needless in some of these. And from the 13th Table, I find that five who died at between 70 and 80 years of age, had been admitted into the Asylum in the year of their death. From the 9th Table it appears that not less than 19 persons suffering the sort of violent insanity engrafted on imbecility, or, arising out of the decay of nature, were received, in 8 of whom the duration of the disorder of mind was under six months; a sufficient general indication of the real nature of the disease. The Asylum is growing so filled that it has become important to occupy no bed in a light, or, needless way.

The causes of death are satisfactory, in so far that the list contains no evidence of any epidemic disease, of which, indeed, there has been none. The deaths from Consumption of the Lungs occurred in the usual large proportion; these, with the few other pulmonary cases, accounting for one-third of all the deaths. (In the previous year, deaths from pulmonary diseases constituted only 2-7ths of the whole.) Deaths from paralytic affections amounted to one-fourth more. The examination of the body after death was performed in 43 instances.

The 16th Table can hardly be examined and have its facts compared without deducing from the past some significant indications as to the future. It is there seen that for 3 years the number remaining, year by year, and the number of re-admissions and of cases of renewed attack, have steadily increased; whilst the proportion of recoveries and of deaths has diminished. The effect of all this has been, and must continue to be to enlarge the Asylum and to make it in a still greater proportion a house of incurables.

The return of Lunacy (Table 17) shows an increase of 37 patients at the charge of parishes to which the Asylum belongs ; about half of which increase is balanced by a decrease in the patients belonging to Boroughs leaving a net increase of 18 as the growth of the year. This is moderate as compared with preceding periods ; but Kent has now some 900 acknowledged Lunatics to provide for. Notwithstanding the increased resort to the Asylum, the return shows an increase of 24 patients in Licensed Houses and in Union Workhouses.

RETURN OF ACCIDENTS AND OCCURRENCES FOR THE YEAR.

Date.	
July 27	G. J., escaped over airing-ground-wall ; soon brought back.
Aug. 3	Summer entertainment to patients, in the meadow, whence W. W. escaped, but was shortly brought back.
„ 9	N. A., got over a fence, in order to make his escape, whilst employed on the farm.
„ 13	H. P., escaped over airing-ground-wall ; brought back.
„ 14	J. B., escaped from field where working, into a wood and was lost. Discharged by lapse of time.
Sept. 3	J. K., found dead. Inquest, Suffocation during Epilepsy.
„ 19	J. B., escaped ; brought back on 24th.
„ 26	W. L., escaped from shoemaker's shop ; soon brought back.
Nov. 2	Two epileptics (a male and a female) found dead. Inquest, Suffocation during Epilepsy.
„ 25	A. D., fell in a fit, fracturing left radius.
Dec. 23	W. F., ran with a view to escape, and succeeded in getting a few yards off the premises.
„ 25	M. A. L., escaped on returning from chapel ; recovered on the 26th.
„ 30	J. B., escaped on going to chapel ; soon brought back.
1856.	
Jan. 12	Winter entertainment to the patients.
„ 16	S. S., pushed down by another patient ; consequence, a fracture of the left femur.
„ „	M. W., fell in a fit, fracturing left clavicle.
Feb. 23	T. L., escaped from his work ; soon brought back.
Mar. 20	E. K., pushed down by another patient ; fracture of femur.
May 1	J. A., escaped from his work ; soon brought back.
June 4	H. G., escaped from his work ; soon brought back.
„ „	E. C. found to have a rib broken.
„ 24	J. J., escaped from hay-field ; brought back July 3.
July 3	T. H., found to have some ribs broken.
„ 4	Summer entertainment to patients, in the meadow.

1855—6.

STATE OF THE PATIENTS.—MANAGEMENT OF THE
ASYLUM.

I have to report the enjoyment of excellent general health throughout the year; there having been no sickness of importance except what was presented by the patients who eventually died, and the causes of whose deaths will bear a satisfactory inspection.

Whilst there has been no death from illness attributable to defect in the arrangements requisite to preserve health, there has been, (as far as I know,) no illness due to the same cause. On looking down the list of direct causes of death, there will not be found the names of those diseases which have their frequent origin, or, aggravation, in exposure to the destroying influences of inclement seasons. Bronchitis, Influenza, Pleurisy, Pneumonia, have had no existence as independent diseases, whether ending in recovery, or, in death. Nor have Dysentery and Diarrhoea prevailed at all; diseases so liable to be set up by a low temperature with the dampness which almost invariably accompanies cold in the English climate. I do not know how they should occur under the circumstance of our maintaining in winter an uniform temperature and a dry air, sufficient for health and comfort, night and day. Our wards do not experience the rigors of winter, although those rigors are separated by no greater distance than the thickness of the panes of glass. I find, I happen to possess a record bearing on this point. On the 21st December, 1855, at 9 p.m., the external temperature was 22° Fah. At the same time, in three wards in which I made observations, the average warmth was 61½° Fah. "*Ab uno, disce omnes.*" The bed-rooms being the same, I felt that patients could not suffer on that very severe night. Settees and arm-chairs, which the Commissioners in Lunacy have devoted so much attention to for years past, whilst setting their faces against artificial warming and ventilation, are very nice things in their way; but, how many settees and arm-chairs are

required to make one warm apartment? Here is another application of the old allegory respecting the gnat and the camel. The Commissioners strain at the absence of settees, but swallow and approve of the absence of a system of warming and ventilation.

The fewness of the deaths will testify to the general freedom from serious illness.

With respect to the use of direct medical treatment, the weekly average for the year was:—

Patients under medical treatment for bodily disorder, secondary to mental impressions, or, to cerebral disease	32
Ditto, for bodily disorder alone	21½
Weekly average of patients under treatment	<hr/> 53½ <hr/>

The principal items of extra diet, used in support of other treatment, amounted to the following, for the 1st day of July, being neither the highest nor the lowest amounts, but about the common consumption:— 39 meat dinners, 29 mutton chops, 72½ pints of the best London stout, 18 pints of beef tea, 24 pints of arrow root made with milk, 14 light puddings, 33½lbs. of bread, &c. &c. These articles are in addition to ordinary diet, and wine and spirits are sent from the surgery as medicine.

Three cases of accidental suffocation during Epileptic fits occurred and formed the subjects of enquiry before the coroner and his jury. The verdicts were simple statements of the fact, no blame being either attributed, or, implied. I believe this to be a kind of accident which it is impossible *wholly* to guard against; at the same time, the system of watchful attention, nightly practised with a view to its prevention, greatly saves the multiplication of such accidents.

Six fractures of bones occurred, or, were discovered to exist. Two of the upper, two of the lower extremity and two of ribs. Two fractures were the consequence of falling in Epileptic fits; two occurred to patients on being pushed down by other patients. One man who got a broken rib, might have accidentally received the injury in struggling with attendants when he was in a refractory condition. There was no evidence in proof of any other way, but there was evidence corroborative of this. Another man was admitted with no less than five ribs broken. He died of pulmonary disease ensuing, and an inquest was held. The verdict

returned declared the jury were satisfied the injury had not occurred in the asylum. Subsequently in conversation with the widow, I found she was well aware of the injury, which her husband had sustained through the breaking of a rope when he was coal-whipping; in consequence of which he fell about 12 feet, his chest striking the edge of the barge.

The employment and amusements of the patients have been continued as formerly. With regard to the former, I made some remarks in my report, last year, (pp. 32-33,) having a general application; but the following is a statement of a precise character. It was made in May of the present year when the number of male patients was 262.

Number of Male Patients, on May 2, 1856 262.

Number deemed capable of employment:—

Fully capable	56	Employed	182
Middling „	92	Unwilling	20
Slightly „	54=202		<u>202</u>

Incapable, from mental disturbance, &c. 35

ditto, ditto, and physical disqualification . 25=60=262

Thus:—Capable, 77 per cent. Incapable, 23 per cent. 100

or, Employed, $69\frac{1}{2}$ „ Unwilling, $7\frac{1}{2}$ p.c. Incapable, 23 p.c. 100

ESTIMATE OF THE RECOVERIES ON CURABLE CASES ADMITTED.—It was said (page 25) that for three years the proportion of recoveries has diminished. Such is the case although the number of cases discharged as recovered has increased. The falling per-centage is due to the yearly variation in the number (of the admissions) upon which it is calculated. But it is of little practical value to deduce the rate of recoveries on a number of patients which may contain an indefinite proportion of incurables.

To show the rate of the annual curability of Insanity, the cases should at least be such as may at some period of their care be deemed curable. To make a comparison of the above kind, no less than 78 cases must be excluded from the 192 admissions, their nature having been hopeless throughout from Paralysis, Epilepsy, Idiocy, Senility, or, prolonged existence of the mental disease. None of these 78, at least, would have been admissible to a hospital like that of Bethlem, where it is made a rule to exclude cases plainly incurable. Deducting, therefore, the 78 from the 192, the proportion of recoveries to the remainder is $62\frac{1}{4}$ per cent.

RESTRAINT. Articles of Restraint have been put on three patients, in the year. In the first case, a woman wore a glove, or, bag, fastened at the wrist, on one hand, from July 27 to September 26. As to the purpose for which it was imposed, I quote from the entry in the "Medical Journal" of the period; "to keep on the applications to, and otherwise to protect a sloughing wound in a finger, which has followed an abscess and is likely to end in loss of a joint."

In the second case, likewise of a woman, a similar glove was worn, on one hand, from January 26 to February 6. Reason, quoted from the same journal, "as a protection to an abscess in a finger, a glove enveloping hand and poultice." Both patients were reckless of pain, and evil consequence from want of care. When the glove suggested itself as a *sine quâ non* to success in the treatment, both affections presented a very unpromising aspect. As the results, the joint was saved and both wounds healed.

It would have been easy to let the patients take their own course and to have avoided, or, overlooked the real necessity for effective interference. A medical man is under no responsibility except to himself, for the treatment, or, even for the inactivity of a course which he may judge fit to pursue. Had the fingers; nay, the whole hand been lost, (for neglect of a surgical affection in which death of a part has commenced is apt to be serious) or, finally, had the patients themselves died, no one would have been responsible.

The third instance of restraining is, to me, of more importance as the necessity in this particular case has, for the first time, driven me to overstep a boundary line of principle which I had felt confident never to cross.

The subject of this restraint was a man. The restraint itself consisted of a strap, or, armlet, round each arm above the elbow, the two armlets being connected behind by another strap so as to keep the elbows near the hips and prevent the abuse of the upper arm in striking persons; the fore-arms being free and allowing the patient to write, feed himself, &c. The object of the restraint was to provide for "the general security against personal injury inflicted by the patient; and as a means of protecting persons from his propensity to attack and injure them, less objectionable for the patient himself than very frequent seclusion would be; which very frequent seclusion would be otherwise necessary." (Med. Journ.)

Until the occurrence of this case, I had always believed and held restraint worn on the person could only be necessary in a case of surgical

injury putting on an unfavourable appearance from neglect; or, for a strictly medical purpose, *e. g.*, to obtain the recumbent posture when, as in a few particular instances the choice lies between securing that, or, accepting death from exhaustion; or, in a certain small number of cases demanding unusual precautions to frustrate, or, arrest attempts at self-injury. But the very exceptional nature of this case (to my experience) compelled me to disregard preconceptions never designed to embrace such, and to treat it strictly upon its own merits; thus causing me, for the first time, to apply restraint for the prevention of violence offered by one patient to others.

The first act of the patient, a few hours after admission, was an attempt to drown himself in a bath given to wash him. As no one was so early aware of the nature of the case, he carried the experiment of drowning much further than would otherwise have been permitted. Very shortly after the bath, he made an attack on the window-glass with a broom, and on being interfered with in that employment by an attendant, transferred his attention to him, when a severe struggle ensued. The subsequent history of this man's conduct, from January 1 to February 19, is an almost unbroken series, daily repeated, of violent assaults, knockings-down, kickings, &c., of attendants and fellow-patients. His morbid impression was, as he expressed it, "if he could only kill some one, he should get through it."

His conduct was a witness that it seemed to him a matter of indifference whom he killed, so that he caused some one's death. After enduring, or, permitting this for seven weeks, in the last eight days of which period, he was placed in seclusion eight times, for from three to twelve hours each, I became convinced that as my duty extended to the protection of the patients at large, equally with that of each individual one, I was bound to limit this man's power of doing bodily mischief, not less for his own than the general good.

I, therefore, adopted the restraint I have described; and in applying it, felt I was not acting inconsistently with that other duty of avoiding uncalled-for expedients in the management of particular cases.

I ought not to omit to mention, in terms of praise, the forbearing conduct of the various attendants who had the immediate charge of the case, and who sustained many and grievous hurts in the course of their duties.

Previous to the imposition of the restraint, it used *really to require* 5,

6 and 7 attendants to hold this man during the various services necessary to be performed about him during the day.* His build was admirable; he was light and of great muscular development and agility; had the skill of a practiced fighter and, under the impulse of his disease, had no sense of fear. He attacked without reference to superior weight and size, and managed by his skill and activity, to avoid returned blows. He became the terror and complaint of the patients in his ward, and *they* were the most violent in the Asylum. His manner was, to steal up behind and fell a man; this he repeatedly succeeded in doing. When his arms were restricted he was reduced to inflict swinging blows, by striking with one hand whilst simultaneously throwing the other behind in order to give the utmost play to the strap, and to kicking. He practiced the former when he could get his victims into a narrow place.

He wore the restraint described, by day only, from 19th February to 20th June, except during a period of bodily illness and convalescence therefrom. As soon as his health was restored, he recommenced his former conduct. After the imposition of restraint, his kicking remained so serious an evil as at length to demand his separation from others. He therefore occupied an apartment to himself, where he several times did much mischief to doors and windows. To give opportunity for repairs, he was again secluded for a few hours, thrice; the only instances of his seclusion after being restrained. The number of hours during which he wore the restraint was 9 daily; he repeatedly slipped it off. Twice re-association with his fellow patients was tried as he seemed better, and each time his resort to his former violence caused the experiment to fail.

To the other peculiar features of this case, I have only to add that he would assume a gentle and insidious manner when he contemplated an immediate exercise of violence. We came to learn from his manner when he was most to be guarded against. Often, on being got up in the morning, he would say, "there must be more fighting to-day;" which we found a useful indication. Conversation and reasoning with him were rarely practicable, for he seldom, in addition to swearing, &c., said more than "I am Jesus Christ," or, "See what fine weather we have; that's all owing to me."

NOTE.* I have seen it most positively affirmed, on practical authority, that a single, experienced and properly-determined attendant is always more than a match for any refractory lunatic whatever!

Judged of by "non-restraint" as a principle vaunted entire and permitting of no deviation in practice, this rare case is of importance. I believe I am justified in deeming the case a rare one, not simply because of the violence displayed, that being a common feature in Insanity, but because the homicidal propensity was a ruling and unvarying passion; pursued without delirium, but in a cool, calculating way, and independently of provocation from without. In these respects, it will be seen to differ widely from the irritable and transitory explosions of mania, with the shifting of the attention from object to object in that disease; as, also, from the perhaps still more dangerous, blind but passing fury of the paroxysm of delirium which sometimes attends Epilepsy.

Without doubt it would have been easy to let this man pursue the mischief which he willed; and it might have been pleasant, in a doubtful sense, to avoid the fact of restraint and the necessity of recording its use. I say, in a doubtful sense, because there would surely have been great discomfort in the knowledge of all his outrages being unrestrained. And it would have seemed, on reflection, an ambiguous instance of adherence to the *principle* of non-restraint, if the jealousy of curtailing the *abuse* of liberty by one patient, had led to the continued imposition of the restraint and fear of his dangerous presence on his associates.

Far above questions of principle, however captivating, is the sacred right of individuals to protection from bodily injuries which they have not provoked; but which the patients from their position as such, would not have been able to avoid.

The patient in question was removed to another Asylum, in June. He was then comparatively manageable but not considered fit to be trusted, his worst paroxysms having afflicted him at uncertain periods, sometimes of many days' duration. In the intervals he had been still a dangerous patient, differing in the degree, not in the nature of his symptoms.

WATER. The supply of water for the Asylum, drawn from a deep well, had long been seriously diminishing; and from the absence, as time elapsed, of restoration of the former quantity, it became a serious question how to provide the indispensable fluid for the future. The well had been sunk deeper a few years previously, and from that operation an abundant supply had been obtained during several years. When, however, the second failure happened, there seemed little prospect of deriving permanent increase, by further sinking, or boring, on account of the great

uncertainty as a water bearing stratum, of the formation through which the shaft must pass. And after the former experience of well-deepening, it was tolerably clear that if a supply should be obtained, there would be no security against its again falling-off in particular seasons. In March last, the quantity of water which had long been diminishing was reduced to about 5,000 gallons daily; and at that small quantity it has remained, the Asylum requiring 12,000 gallons. The effect has been to interrupt the bathing of the patients; for whom baths could be obtained, only, from time to time and in quantity sufficient for a small section of the patients at one time. The necessary ablution of the habitually dirty patients, who require baths daily, was thus rendered very difficult. Brewing was discontinued, and, altogether, we were experiencing as serious a deprivation as could well befall a Lunatic Asylum. A substantial remedy having become imperatively necessary, it was resolved to obtain water from the river Medway, at East Farleigh, distant a mile. The water is raised by an undershot wheel, the power of which, acting on force-pumps, drives the water through a 3-inch iron main pipe, laid under-ground up the side of the valley for the length of a mile and through an elevation of 270 feet. The water is received on the Asylum ground into a large reservoir, then filtered and raised by steam engine to the existing main cisterns in the roofs.

From the river we now obtain a description of water better suited by its softness for washing, brewing, cleaning; for every purpose indeed except drinking, and for that the well water is still available unmixed. The well water in this neighbourhood is very hard, being drawn from a lime-stone formation; but it is very nice for drinking.

FULNESS OF THE ASYLUM. - A circumstance of much importance has been receiving attention during the latter part of the year; namely, the steadily increasing number of the patients, particularly of females, and the prospect of the Asylum, as it stands, ceasing to be adequate to the wants the county. Since the conclusion of the year of this report, and at the time of writing, the remaining vacancies for women have been reduced to six, whilst in a Lunatic Asylum a larger surplus of vacancies than that is necessary to avoid over-fulness and the serious evils of a too imperfect classification of the patients.

The third table, foregoing, shows to what places the patients remaining in the Asylum at the close of the year, belonged. It will be there seen

that 105 (49 men and 56 women) were maintained at the charge of Boroughs, or, of other counties, or, as private patients; to all of which places and persons the Asylum does not belong. Such patients are liable to removal when required; or, if they belong to Boroughs with which contracts have been entered into, then at the expiration of six months after notice given. If it be deemed advisable to restore the places now occupied by these, in order to have them at the disposal of future patients from parishes to which the Asylum belongs, I fear it may be found more easy to order than to obtain the removal of the former. 85 of them belong to Boroughs in Kent; but to which of the crowded Asylums can they be taken; or, to what other place; except the Boroughs should unite to build an Asylum for themselves? Such a course would seem very desirable for them. If adopted, and there is at present no sign of such a thing, it would necessarily require two, or, three years for its execution. In the meantime, how shall the County Asylum avoid the much to be deplored contingency of denying the admission of its own female patients from want of room? There appears, indeed, but one effectual solution; viz.: to build moderately for women alone.

Comparing Kent with the neighbouring Surrey, it would appear as if we had hitherto escaped with a light burden since the proportion of accommodation for lunatics to population, possessed by Kent is far lower than that by Surrey. The Surrey Asylum had 920 patients at the end of 1855 whilst its annual report re-echoed the now common cry for more room. The population of that county in 1851 was 685,000. The Kent Asylum can receive 646 patients, the population of the county in 1851 having been 615,700. Other circumstances being presumed to be the same, if Surrey require room for 900 to 1000 Lunatics, Kent should be able to accommodate 800 to 900 patients at least. How very far short are we, then, of that proportion! Nevertheless, ample additions have been made, from time to time, which have satisfied the demand, besides offering a temporary Asylum to all the Boroughs in the County. Six years ago, a building for 200 patients was added and opened and, now, the lapse of that period finds us with only room enough, if all strangers were removed, to go on with during the two or three years that would be occupied in a further enlargement.

We are, however, not wholly without resources which would be deemed eligible for a time; and, although involving a little overcrowding, not to

be objected to in order to avoid the great evil of refusing the admission of patients. It would be possible to increase to a certain extent the accommodation in the additional building (designed for 208) by placing beds in situations which might, with less injury than would be anticipated, be spared for the purpose. That we should be enabled to do this consistently with a proper regard to the health of all, arises out of the circumstance of our employing an efficient method to ventilate the building ; a fact calculated to give a certain independence of the area in floor for each patient which was demanded by the rules and requirements applicable to non-ventilated buildings, but which the Commissioners uniformly impose. At the same time such an arrangement ought only to be temporary, because the ventilation itself is apportioned to the number of inmates for whom the Asylum was built. In May, I received a letter from the Commissioners in Lunacy suggesting the plan of placing beds in the wider galleries, as a means of increasing the accommodation ; to enable the Asylum to receive the patients from one of the Cinque Ports, whose admission had been refused for the time being, for want of room.

It seems singular that the Commissioners themselves should suggest over-crowding, after having refused in the first place to sanction our plans ; insisting upon their enlargement for the accommodation of the number for whom they were designed ; which number does not include the additional beds alluded to above.

JAMES E. HUXLEY, M.D.,
SUPERINTENDENT.

August, 1856.

